POWER OF ATTORNEY FOR PROPERTY ILLINOIS STATUTORY SHORT FORM NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE FIE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT

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ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSIY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

COOK COUNTY RECORDER

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| POWER OF ATTORNEY I | nade this | (y | day of | J MOLUATION | 1992. | CML |

appoint ROSE THOMPSON of 4925 W. Hubbard, Chicago, Illinois hereby appoint ROSE THOMPSON of 4925 W. Hubbard, Chicago, Illinois as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in Paragraph 2 or 3 below:

YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.

- a. Real estate transactions.
- h Financial institution transcrions:
- c Stock and bond transactions.
- d Tangible personal property transactions
- e. Safe deposit box transactions.
- f. Insurance and annuity transactions.
- g. Retirement plan transactions.
- h. Social security, employment and military service beneate.
- i. Tax matters.
- j. Claims and litigation.
- k. Gommodity and option transactions.
- L Business operations.
- m. Borrowing transactions.
- n Retate transactions.

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- o. All other property powers and transactions.

 LIMITATIONS ON AND ADDITIONS TO THE AGENTS POWERS MAY BE INCLUDED

 IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.
- 2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

| | O/s |
|-----|---|
| • | In addition to the powers granted above, I grant my agent the following re you may add any other delegable powers including, without limitation, take gifts, exercise power of appointment, name or change beneficiaries or |
| • | is or revoke or amend any trust specifically referred to below): |
| N/0 | |
| | <u> </u> |
| | |

YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE FOWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY-DECISION MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.

4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or

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persons whom my agent may select, but such delegation may be amended or revokud by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF AFTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.

5. My exect shall be antitled to reasonable compensation for services rendered as agent under this power of attorney.

THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSELT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:

(x) 6. This power of attorney shall become effective on:

(insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)

() 7. This power of attorney shall terminate on:

None

(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

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IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.

| | 8. | If | any | agent | named | by | me | shall | die, | become | incon | ipeten | t, resig | m oi |
|--------|-------|--------|------|---------|--------|-----|------|--------|--------|----------|-------|--------|----------|------|
| refuse | to a | ccept | the | office | of age | nt, | l na | me th | e fo | llowing | (each | to act | alone | and |
| succes | sivel | y in t | he c | order r | named) | as | succ | essori | (s) to | o such a | gent: | | | |

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For purposes of this Paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTEREST AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this Power of Attorney as such guardian, to serve without bond or security.

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| 10. | I am | fully | informed | as t | o all | the | contents | of | this | form | and | understand |
|---------------|---------|--------|------------|------|-------|------|----------|----|------|------|-----|------------|
| the full impo | rt of t | this g | rant of po | wet | to n | ny a | gent. | | | | | |

| ممييات | |
|-----------------|-------------|
| MARY B | THOMPSON |
| 1743 M.C.I. 471 | TITOMIT DOM |

We certify that in our presence on the date appearing above, MARY B. THOMPSON, who cannot write, affixed her mark to the foregoing instrument and acknowledged it to be her Power of Attorney, that at her request and in her presence and in the presence of each other we have signed our names as witnesses, we also certify that the Power of Attorney was read to her in our presence before execution and she stated through head movement that she understood its provisions, and that we believed her to be of sound mind and memory.

| witnesses: | |
|--|---|
| AGENTS TO PROVIDE SPECIMEN SIGNATURES IN THIS PO | TO, REQUEST YOUR AGENT AND SUCCESSOR GNATURES BELOW. IF YOU INCLUDE OWER OF ATTOKNEY, YOU MUST COMPLETE |
| THE CERTIFICATION OPPOSITE THE | |
| Specimen signatures of agent (and successors) | I certify that the signatures of my agent (and successors) are correct. |
| Rose Thompson AGENT | PRINCIPAL |
| SUCCESSOR AGENT | PRINCIPAL |
| SUCCESSOR AGENT | PRINCIPAL |

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STATE OF ILLINOIS
) ss.
COUNTY OF COOK
)

I, the undersigned, a Notary Public in and for the County and State aforesaid, do hereby certify that MARY B. THOMPSON, personally known to me to be the Principal who signed the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument, by signing her mark, as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal on this 6th day of

___, 49\12. |4/,

CAROL A. BARAR THE TY PUD Notary Public, State of Inloca

THE NAME OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.

HYATT LEGAL SERVICES 4821 W. Irving Park Road Chicago, Illinois 60641 312-282-4704 PRO_POA



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Rose THOMPSON 1549 N. CICEVO Chgo II 60651